



APR 03 2008 15:24 FR THOMSON LICENSING 609 734 6888 TO 815712732885# PART B - FEE(S) TRANSMISSION

P.01/02

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Joseph J. Laks, Vice President
 24498 7590 01/18/2008

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01 FC:1501 1440.00 DA
 02 FC:1504 300.00 DA

03 FC:1501 9.00 DA FILING DATE:

FIRST NAMED INVENTOR

ATTORNEY DOCKET NO.

CONFIRMATION NO.

10/511.838 10/19/2004

John Barrett George

PU030039

6566

TITLE OF INVENTION: FOCUS VOLTAGE AMPLIFIER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	04/18/2008
EXAMINER	ART UNIT	CLASS-SUBCLASS				
LEE, MICHAEL	2622	348-806000				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363)

 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. **Joseph J. Laks**2. **Harvey D. Fried**3. **Sammy S. Henig**

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE! NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Thomson Licensing

Boulogne Billancourt, France

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted.

 Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies 3

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 A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 07-0832 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

 a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(e)(2).

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Authorized Signature

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Typed or printed name **Sammy S. Henig**

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